

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Marco Rubio for President**

**A. Full Name (Last, First, Middle Initial)**

**MR. LEONARD R. JASKOL**

Mailing Address 9660 MASHIE COURT

City	State	Zip Code
NAPLES	FL	34108-1996

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

480.00

**Transaction ID : SA17.752549**

Date of Receipt

**05 / 15 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

200.00

**B. Full Name (Last, First, Middle Initial)**

**MR. ANTHONY JASO**

Mailing Address 19205 HEATHER CREEK

City	State	Zip Code
SAN ANTONIO	TX	78258-3812

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
ESTRADA HINOJOSA & CO., INC.

Occupation  
BANKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.769414**

Date of Receipt

**06 / 25 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

**C. Full Name (Last, First, Middle Initial)**

**JUAN JASSO**

Mailing Address 6740 ISLA DEL REY DR

City	State	Zip Code
EL PASO	TX	79912-7336

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
PEDIATRIX MEDICAL GROUP

Occupation  
M.D.

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.781108**

Date of Receipt

**04 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

**Subtotal Of Receipts This Page (optional)**.....

950.00

**Total This Period (last page this line number only)**.....